



Application for Sales Tax Funding

Name of Organization: _____

Primary Organizational Contact: _____

Mailing address: _____

City, State, Zip: _____

Phone #: _____ E-Mail: _____

Year for which funding is requested: 2008

Amount requested: \$ _____

Applicant Signature: _____ Date: _____

Applicant Printed Name: _____

Applicant Position: _____

Please list other funds that will be committed to the program. Include the source and amount of funding:

Source	Amount
City Sales Tax	
Total:	

On separate sheets of paper please provide a full and complete description of the project/program to be provided. What kind of activities or services will be undertaken? How will those services be delivered? Who will the direct beneficiaries be? How will the program benefit the public? What is the plan for staffing and housing the program? What will the program budget of expenses be?

Please describe how the program will be funded after sales tax funding is no longer available.

Please provide a description of the organization that will be providing the program. This should include an overview of the organizational structure, staff qualifications, administrative capacity, and a description of other programs provided by the organization.